

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

G/C
FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000002442

1. Entity Name
MARINA WAY GP MB, LLC



Principal Place of Business
**18851 NE 29 AVENUE, SUITE 1011
AVENTURA, FL 33180**

Mailing Address
**18851 NE 29 AVENUE, SUITE 1011
AVENTURA, FL 33180**



04302008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BENHAMOU, GILBERT
18851 NE 29 AVENUE, SUITE 1011
AVENTURA, FL 33180**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000938966
05/28/08-80009-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARINA WAY GP HOLDINGS, LLC 18851 NE 29 AVENUE, SUITE 1011 AVENTURA, FL 33180
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04/30/08

Date

(305) 935-5450

Daytime Phone #